



HAWAII STATE ETHICS COMMISSION

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Web site: www.hawaii.gov/ethics

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NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

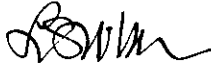
STATE OF HAWAII
ETHICS COMMISSION

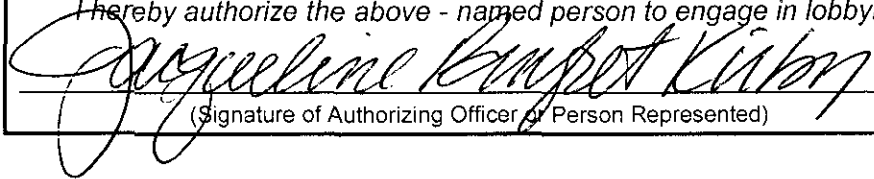
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Murakami	Linda		303-388-6539
MAILING ADDRESS (Street)			FAX 303-322-0274
201 Krameria Street			EMAIL linda.sikkema@astrazeneca.com
(City)	(State)	(Zip Code)	
Denver	Colorado	80220	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
AstraZeneca Pharmaceuticals, LP			302 886-3000 <i>gl</i>
MAILING ADDRESS (Street)			FAX 302-886-5015 <i>gl</i>
1800 Concord Pike			EMAIL jacqueline.kirby@astrazeneca.com
(City)	(State)	(Zip Code)	
Wilmington	Delaware	19850	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Carrie Castro			703-684-1110
MAILING ADDRESS (Street)			FAX 703-684-7912
MultiState Associates Inc., 515 King Street, Suite 300			EMAIL ccastro@multistate.com
(City)	(State)	(Zip Code)	
Alexandria	Virginia	22314	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input checked="" type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
	10/7/12
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME Jacqueline Kirby		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Vice President, Government Affairs
NAME OF ORGANIZATION (if applicable) AstraZeneca Pharmaceuticals, LP		TELEPHONE 302-885-2319
MAILING ADDRESS (Street) 1800 Concord Pike		FAX 302-885-5015
		EMAIL jacqueline.kirby@astrazeneca.com
(City) Wilmington	(State) Delaware	(Zip Code) 19850
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
		10/14/12
(Signature of Authorizing Officer or Person Represented)		(Date)